

Please type a plus sign (+) inside this box → ☐

PTO/SB-01 (8-96)

Approved for use through 9/30/98. CMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration OR Submitted with Initial Filing <i>- unsigned</i> <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	7024109PUR48
	First Named Inventor	HO, Nancy W. Y.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STABLE RECOMBINANT YEASTS FOR FERMENTING XYLOSE TO EHTANOL

(Title of the invention)

the specification of which

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **05/06/1997** as United States Application Number or PCT International

Application Number **PCT/US97/07663** and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
US97/07663	PCT	05/06/1997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/016,865	05/06/1996

☐ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)
 Approved for use through 9/30/98. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION			
<p>I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>			
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
60/016,865	PCT/US97/07663	05/06/1996 05/06/1997	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.			
<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>			
Name	Registration Number	Name	Registration Number
Kenneth A. Gandy	#33,386		
<input checked="" type="checkbox"/> Additional registered practitioner(s) named on a supplemental sheet attached hereto.			
Direct all correspondence to:			
Name	Kenneth A. Gandy at WOODARD, EMHARDT, NAUGHTON, MORIARTY & MCNETT		
Address	Bank One Center/Tower, Suite 3700		
Address	111 Monument Circle		
City	Indianapolis	State	Indiana
Country	US	Telephone	317-634-3456
		Fax	317-637-7561
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
<p>Name of Sole or First Inventor: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>			
Given Name	Nancy	Middle Initial	W. Y.
		Family Name	Ho
Inventor's Signature			Date
Residence: City	West Lafayette	State	IN
		Country	US
Post Office Address	606 Riley Lane		
Post Office Address	West Lafayette, Indiana 47906		
City	West Lafayette	State	IN
		Zip	47906
		Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto			

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)
 Approved for use through 9/30/98. CMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Zheng-Dao				Middle Initial				Family Name		Chen				Suffix e.g. Jr.			
Inventor's Signature		✓								Date									
Residence: City		West Lafayette				State		IN		Country		US				Citizenship		CN	
Post Office Address		480 Maple Street																	
Post Office Address		West Lafayette, Indiana 47906																	
City		West Lafayette				State		IN		Zip		47906				Country		US	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Country			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Country			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Country			

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

PTO/SB/01 (8-96)
Approved for use through 9/30/98. OMB 0551-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Collection of information unless it contains a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

[Page 4 of 5]

BEST AVAILABLE COPY